

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/418,649	10/15/99	426	1761	004.00078

APPLICANT STEVEN W. BAILEY, MOBILE, AL; JUNE E. AYLING, MOBILE, AL.

CONTINUING DOMESTIC DATA***

VERIFIED PROVISIONAL APPLICATION NO. 60/010,898 01/31/96
AND A CON OF 09/117,586 07/31/98

1/16
371 (NAT'L STAGE) DATA***

VERIFIED WHICH IS A 371 OF PCT/US97/01870 01/31/97

1/16

FOREIGN APPLICATIONS***

VERIFIED

1/16

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/03/99 ** ~~SMALL ENTITY~~ **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY AL	Sheets Drawing 0	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Initials	1/16	Initials			

ADDRESS
SUSAN J BRAMAN
JAECKLE FLEISCHMANN & MUGEI LLP
39 STATE STREET
ROCHESTER NY 14614-1310

TITLE
FOOD AND VITAMIN PREPARATION CONTAINING THE NATURAL ISOMER OF REDUCED
FOLATES
Sub A Food and vitamin preparation containing the
natural isomer of reduced folates.

FILING FEE RECEIVED \$380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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FILE COPY

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STEVEN W. BAILEY, MOBILE, AL; JUNE E. AYLING, MOBILE, AL.

CONTINUING DOMESTIC DATA***

VERIFIED PROVISIONAL APPLICATION NO. 60/010,898 01/31/96
 AND A CON OF 09/117,586 07/31/98 PAT 5,997,915

100

371 (NAT'L STAGE) DATA***

VERIFIED WHICH IS A 371 OF PCT/US97/01870 01/31/97

100

FOREIGN APPLICATIONS***

VERIFIED

100

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/03/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (e-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	Sheets Drawing	Total Claims	Independent Claims
Verified and Acknowledged	<u>100</u> Examiner's Initials _____ Initials _____	AL	0	14	2

ADDRESS

SUSAN J BRAMAN
 BRAMAN & ROGALSKYJ LLP
 P O BOX 352
 CANANDAIGUA NY 14424-0352

TITLE

FOOD AND VITAMIN PREPARATIONS CONTAINING THE NATURAL ISOMER OF
REDUCED FOLATES

FILING FEE RECEIVED \$380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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